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WILLIAMS, MORGAN & AMERSON, P.C. 10333 RICHMOND, SUITE 1100 HOUSTON, TX 77042

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	(Depositor's Name)
Nancy Nolan	
	(Signature)
/Nancy Nolan/	
	(Date)
June 1, 2007	

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR				ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/587,722	06/05/2000	Joerg Winkler				A72399US	7906
APPLN. TYPE.	SMALL ENTITY	ISSUE FEE		PUBLICATION	FEE.	TOTAL FEE(S) DUE	DATE DUE.
nonprovisional	NO	\$1400		\$0		\$1400	06/01/2007
TITLE OF INVENTION:							
EXAMINER			ART UNIT		CLASS-SUBCLASS.		
FERRIS, D	2616						
Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/(22) attached. Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.		2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.		nneys or a single orney or ad patent 3. Williams, 2. Amerson, 3.			

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)

LEGERITY, INC.

AUSTIN, TX

Please check the appropriate assignee category or categories (will not be	e printed on the patent); 🔲 individual 🛛 corporation or other private group entity 🔲 government					
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Issue Fee Issue Fee	A check in the amount of the fee(s) is enclosed.					
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Advance Order - # of Copies	☐ The Director is hereby authorized to charge the required fee(s), or credit any overpayment, to					
	Deposit Account Number: 50-0786/2069.013200					
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☐ a. Applicant claims SMALL ENTITY status. See 37 35 CFR 1.27.	☐ b. Applicant is no longer claims SMALL ENTITY status. See 37 CFR 1.27(g)(2).					
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